



TRAFFIC CRASH REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-----------------------------------|--|--|--|--|--|---|--|--|--|--|--|--------------------|--|--|--|--|--|---------------|--|-------------|--|-----------------|--|
| LOCAL INFORMATION | | LOCAL REPORT NUMBER * | | CRASH SEVERITY | | HIT/SKIP | | | | | | | | | | | | | | | | | | | | | |
| | | 1-15-16181 | | 3 | | 1 - SOLVED 2 - UNSOLVED | | | | | | | | | | | | | | | | | | | | | |
| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | | PRIVATE PROPERTY | | REPORTING AGENCY NCIC * | | REPORTING AGENCY NAME * | | NUMBER OF UNITS | | UNIT IN ERROR | | | | | | | | | | | | | | | |
| | | | | | | 013115 | | Miami Township Police Department | | 01 | | 01 | | | | | | | | | | | | | | | |
| COUNTY * | | CITY * | | CITY, VILLAGE, TOWNSHIP * | | CRASH DATE * | | TIME OF CRASH | | DAY OF WEEK | | | | | | | | | | | | | | | | | |
| 13 | | | | Miami | | 12152015 | | 0115 | | TUE | | | | | | | | | | | | | | | | | |
| DEGREES / MINUTES / SECONDS | | LONGITUDE | | DECIMAL DEGREES | | LATITUDE | | LONGITUDE | | | | | | | | | | | | | | | | | | | |
| 39° 13' 46.64" | | -84° 16' 29.26" | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROADWAY DIVISION | | DIVIDED LANE DIRECTION OF TRAVEL | | NUMBER OF THRU LANES | | ROAD TYPES OR MILEPOST ² | | MP - MILEPOST | | PL - PLACE | | ST - STREET | | WA - WAY | | | | | | | | | | | | | |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | | N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | | 01 | | AL - ALLEY CR - CIRCLE HE - HEIGHTS AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL | | | | | | | | | | | | | | | | | | | | | |
| LOCATION ROUTE TYPE ¹ | | LOCATION ROUTE NUMBER | | LOC PREFIX N, S, E, W | | LOCATION ROAD NAME | | LOCATION ROAD TYPE ² | | ROUTE TYPES ¹ | | IR - INTERSTATE ROUTE (INC. TURNPIKE) | | CR - NUMBERED COUNTY ROUTE | | US - US ROUTE | | SR - STATE ROUTE | | TR - NUMBERED TOWNSHIP ROUTE | | | | | | | |
| | | | | | | Wards Corner | | RD | | | | | | | | | | | | | | | | | | | |
| DISTANCE FROM REFERENCE | | DIR FROM REF | | REFERENCE ROUTE TYPE ¹ | | REFERENCE ROUTE NUMBER | | REF PREFIX N, S, E, W | | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | | REFERENCE ROAD TYPE ² | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | | N, S, E, W | | | | | | | | Pawnee Ridge | | RD | | | | | | | | | | | | | | | |
| REFERENCE POINT USED | | CRASH LOCATION | | 01 - NOT AN INTERSECTION | | 06 - FIVE-POINT, OR MORE | | 11 - RAILWAY GRADE CROSSING | | <input type="checkbox"/> INTERSECTION RELATED | | LOCATION OF FIRST HARMFUL EVENT | | 1 - ON ROADWAY | | 5 - ON GORE | | 2 - ON SHOULDER | | 6 - OUTSIDE TRAFFICWAY | | 3 - IN MEDIAN | | 9 - UNKNOWN | | 4 - ON ROADSIDE | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | | 01 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROAD CONTOUR | | ROAD CONDITIONS | | PRIMARY | | SECONDARY | | 01 - DRY | | 05 - SAND, MUD, DIRT, OIL, GRAVEL | | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* | | 10 - OTHER | | 99 - UNKNOWN | | | | | | | | | | | |
| 3 | | 02 | | | | | | 02 - WET | | 06 - WATER (STANDING, MOVING) | | | | | | | | | | | | | | | | | |
| 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | | 4 - CURVE GRADE 9 - UNKNOWN | | | | | | 03 - SNOW | | 07 - SLUSH | | | | | | | | | | | | | | | | | |
| | | | | | | | | 04 - ICE | | 08 - DEBRIS* | | | | | | | | | | | | | | | | | |
| MANNER OF CRASH COLLISION/IMPACT | | WEATHER | | 1 - CLEAR | | 4 - RAIN | | 7 - SEVERE CROSSWINDS | | | | | | | | | | | | | | | | | | | |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | | 2 | | 1 - DRY | | 4 - RAIN | | 7 - SEVERE CROSSWINDS | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROAD SURFACE | | LIGHT CONDITIONS | | PRIMARY | | SECONDARY | | 1 - DAYLIGHT | | 5 - DARK - ROADWAY NOT LIGHTED | | 9 - UNKNOWN | | <input type="checkbox"/> SCHOOL ZONE RELATED | | SCHOOL BUS RELATED | | <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED | | <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED | | | | | | | |
| 2 | | 5 | | | | | | 2 - DAWN | | 6 - DARK - UNKNOWN ROADWAY LIGHTING | | | | | | | | | | | | | | | | | |
| 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | | 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | | | | | | 3 - DUSK | | 7 - GLARE* | | | | | | | | | | | | | | | | | |
| | | | | | | | | 4 - DARK - LIGHTED ROADWAY | | 8 - OTHER | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> WORK ZONE RELATED | | <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | | TYPE OF WORK ZONE | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | | 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | | LOCATION OF CRASH IN WORK ZONE | | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | | 4 - ACTIVITY AREA 5 - TERMINATION AREA | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NARRATIVE | | Diagram | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit # 1 was observed by officer going off the left side of the roadway and striking a traffic sign. Unit # 1 reentered the roadway, crossed over then left the right side of the roadway. Then continued on Wards Corner until stopped by me. Once stopped I made contact with female who was obviously intoxicated. Officer Mehne responded and arrested driver for OVI. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REPORT TAKEN BY | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLICE AGENCY | | MOTORIST | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE CRASH REPORTED | | TIME CRASH REPORTED | | DISPATCH TIME | | ARRIVAL TIME | | TIME CLEARED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | | | | | | | | | | | | | | | |
| 12152015 | | 0115 | | 0115 | | 0115 | | 0219 | | 0 | | 64 | | | | | | | | | | | | | | | |
| OFFICER ³ NAME * | | OFFICER ³ BADGE NUMBER | | CHECKED BY | | | | | | | | | | | | | | | | | | | | | | | |
| Ball, Kyle | | M10 | | Ball, Kyle | | | | | | | | | | | | | | | | | | | | | | | |

1-15-16181

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|--|--|--|---|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 4 | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER EXR1501 | VEHICLE IDENTIFICATION NUMBER 3FAKP11334R243631 | 2 - MINOR | |
| VEHICLE YEAR 2000 | VEHICLE MAKE FORD | VEHICLE MODEL ESC | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input type="checkbox"/> | | INSURANCE COMPANY | 4 - DISABLING | |
| POLICY NUMBER | | TOWED BY Milford Towing | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |
| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL | 99 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. 1 | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | <input type="checkbox"/> HIT / SKIP UNIT | | |
| HM CLASS NUMBER 1 | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT 1 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 02 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | |
| SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| MOST DAMAGED AREA 02 | | 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | ACTION 2 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
| PRE-CRASH ACTIONS 01 99 - UNKNOWN | | | | |
| MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN | | | | |
| 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | | | |
| 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | | | | |
| NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | | | | |
| 21 - OTHER NON-MOTORIST ACTION | | | | |
| CONTRIBUTING CIRCUMSTANCES | | | | |
| PRIMARY 17 | | | | |
| MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | | | | |
| 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | | | | |
| NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | | | | |
| VEHICLE DEFECTS 1 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS | | | | |
| SEQUENCE OF EVENTS 1 08 2 47 3 09 4 37 5 1 6 1 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 4 99 - UNKNOWN | | | | |
| NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | | | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT | | | | |
| UNIT SPEED 040 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 35 | TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | PAGE 2 OF 3 |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1-15-16181

| | | | | | | | | | | | |
|---|---|--|--|--|---------------------------------------|--|------------------------------|--|-------------------------|-----------------------|---------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Feighery, Amanda | DATE OF BIRTH 08111977 | AGE 38 | GENDER F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 477 Auxier Dr Cincinnati OH 45244 | | | CONTACT PHONE- INCLUDE AREA CODE (513) 687-8792 | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE Oh | OPERATOR LICENSE NUMBER RQ658810 | OL CLASS 4 | No VALID OL | M/C END. | CONDITION 6 | ALCOHOL/DRUG SUSPECTED 2 | ALCOHOL TEST STATUS 2 | ALCOHOL TEST TYPE 4 | ALCOHOL TEST VALUE . | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (Local Code) 4511.202 | | OFFENSE DESCRIPTION Failure To Maintain Control | | | CITATION NUMBER 354911 | | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OFFENSE CHARGED (Local Code) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY | | | |
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT Non-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER | | SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | | | |
| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS D) 5 - MC/MOPED ONLY | | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | | |
| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |